

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047661

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1753-A

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b long time		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 723 North Fulbright		d. STREET ADDRESS (If outside, give location) 723 N. Fulbright	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN ALLEN GOODWIN		4. DATE OF DEATH Month December Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-20-1886
9. AGE (last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) North Platte, Neb.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John N. Goodwin	
13b. MOTHER'S MAIDEN NAME Maria Sprague		14. NAME OF HUSBAND OR WIFE Meedia A. Goodwin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 33 Meedia A. Goodwin, Missouri	
17. INFORMANT 723 N. Fulbright, Springfield		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure Decompensated Hypertensive Heart Disease Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Dec 3 1962 to Dec 7 and last saw him alive on Dec 7 1963 Death occurred at Approx. 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. F. Youll, D.O.		22b. ADDRESS 234 1/2 E Commercial Springfield Mo	
22c. DATE SIGNED Dec 10		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-11-1963		23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	
23d. LOCATION (City, town, or county) Springfield, Missouri		24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.	
25. DATE RECD. BY LOCAL REG. 12-13-63		26. REGISTRAR'S SIGNATURE Bernie Medley	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1286-11-11-123

1286-11-11-123

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body-whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Futrell

Licensed Embalmer No.

5079

P. O. Address

Spokane, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.